

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or Fax **(571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

21901 7590 09/12/2007

SMITH HOPEN, PA
 180 PINE AVENUE NORTH
 OLDSMAR, FL 34677

12/12/2007 HDEMESSE 00000028 10711226

01 FC:2501

720.00 DP

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|-----------------------|--------------------|
| Muriel Hartwig | (Depositor's name) |
| <i>Muriel Hartwig</i> | (Signature) |
| December 11, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/11/226 | 09/12/2004 | Burton G. Goldstein | 1372.189.PRC | 5225 |

TITLE OF INVENTION: TOOL FOR REMOVING INTRAOCULAR FOREIGN BODIES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$720 | \$0 | \$0 | \$720 | 12/12/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| LANG, AMY T | 3731 | 623-006120 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ronald E. Smith
 2. Smith & Hopen P.A.
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of South Florida

Tampa, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Ronald E. Smith

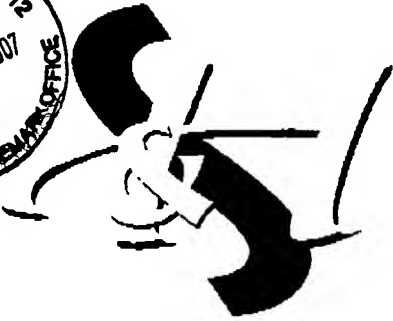
Date 12/11/2007

Typed or printed name Ronald E. Smith

Registration No. 28,761

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**smith & hopen, p.a.**

180 Pine Avenue North
Oldsmar, Florida
813.925.8505 Tel
813.925-8525 Fax
www.smithhopen.com

Fox

INTELLECTUAL PROPERTY LAW

| | | | |
|--------|--------------------------------|---------|-----------------------------|
| To: | U.S. Patent & Trademark Office | From: | Ronald E. Smith |
| Attn: | Mail Stop Issue Fee | Client: | 1372.189.PRC |
| Fax: | (571) 273-2885 | Pages: | 4 including coversheet |
| Phone: | | Date: | December 11, 2007 |
| Re: | USSN: 10/711,226 | CC: | University of South Florida |

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Dear Madam:

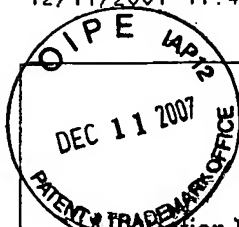
In response to the Notice of Allowance mailed September 12, 2007, we enclose the following:

- 1) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated December 11, 2007 (1 page);
- 2) Form PTOL-85 (1 page); and
- 3) Credit Card Payment Form PTO-2038 in the amount of \$720.00 (1 page).

Very respectfully,

Ronald E. Smith
Reg. No. 28,761

The documentation accompanying this transmission contains information from the Law Office of Smith & Hopen, P.A., which is confidential and/or privileged. The information is intended only for the use of the individual or entity named on this sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance upon the contents of this telecopied information is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately, so that we can arrange for the return of the original documents to us at no cost to you.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/711,226 Confirmation No.: 5225
Applicants: : Burton G. Goldstein
Filed: : 09/02/2004
TC/A.U. : 3731
Examiner : Amy T. Lang

Docket No. : 1372.189.PRC
Customer No. : 21,901
For : Tool for Removing Intraocular Foreign Bodies

Faxed to (571) 273-2885
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a)):


Fee

Application status is Small Entity—fee:

\$720.00

3. Payment of fee:
Enclosed please find Credit Card Payment Form PTO-2038 for \$720.00

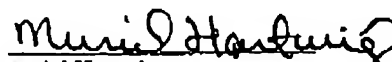
Reg. No. 28,761
Tel. No.: (813) 925-8505


SIGNATURE OF PRACTITIONER
Ronald E. Smith
180 Pine Avenue North
Oldsmar, Florida 34677
Customer No.: 21,901

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (571) 273-2885 on December 11, 2007.

Dated: December 11, 2007


Muriel Hartwig